COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket No. 5497-8

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled;

COMBINATION PACKAGE FOR ARTIFICIAL FINGERNAILS

the specification of which (check only one item below)

[] is attached hereto

[x] was filed as United States application

Serial No. 10/665,753

on September 19, 2003

and was amended

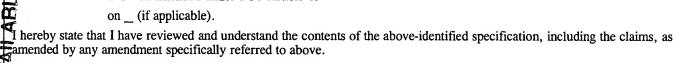
on (if applicable).

[] was filed as PCT international application

Number

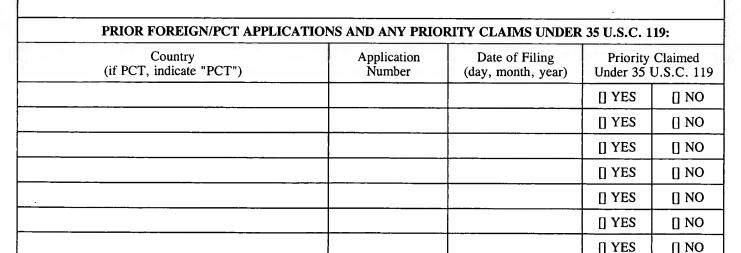
on

and was amended under PCT Article 19



I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one Country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.





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		MBINED DECLARATION I ludes Reference to PCT In	Attorney's Docket No. 5497-8						
		POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at Cohen, Pontani, Lieberman & Pavane to prosecute this application and transact all business in the Patent and Trademark Office connected therewith Customer number 27799							
					(nam Ja	Direct Telephone calls to: (name and telephone number) James P. Doyle (212) 687-2770			
I hereby declare that all statements made herein of my own knowledge are true and that all statements reinformation and belief are believed to be true; and further that these statements weremade with the knowledge to false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of States Code and that such willful false statements may jeopardize the validity of the application or any patent issued.									
		FULL NAME OF INVENTOR	FAMILY NAME TALLON		FIRST GIVEN NAME Grace		SECOND GIVEN NAME		
	2 0 1	RESIDENCE, CITIZENSHIP	CITY New York		STATE OR FOREIGN COUNTRY New York		COUNTRY OF CITIZENSHIP USA		
		POST OFFICE ADDRESS	POST OFFICE ADDRESS 315 East 70th Street		New York		STATE & ZIP CODE/COUNTRY New York 10021		
		COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)						Attorney's Docket No. 5497-8	
	SIGNATURE OF INVENTIOR 201			SIGNATURE OF INVENTOR 202 SIGNA		SIGNATURE	NATURE OF INVENTOR 203		
	DÁŤI	10-4-04		DATE DATE		DATE	"E		
	SIGN	NATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205 SIGNAT		SIGNATURE	TURE OF INVENTOR 206		
	DATE			DATE					
Additional inventor(s) name(s) & address(es) attached? [] Yes [x] No									

EDWARD ELKIND

NOTARY PUBLIC, STATE OF NEW YORK

No. 01EL6072409

QUALIFIED IN KINGS COUNTY

MY COMMISSION EXPIRES APRIL 1, 20

Edward Elwind